

# REPORT

OF THE

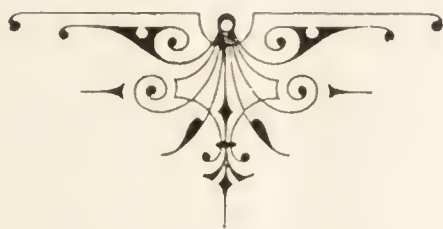
## *Medical Officer* *Of Health*

TO THE

GARSTANG


RURAL DISTRICT COUNCIL

FOR THE YEAR 1910.



GARSTANG:

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# Garstang Rural District Council.

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## ANNUAL REPORT FOR YEAR 1910.

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Gentlemen,

I beg to present you with my twenty-eighth Annual Report.

The work of your Council and also your Officials continues to increase, and year by year as science and education in general advances, so does the importance of Public Health.

The most valuable asset of modern life is good health, and in these days of competition, whether in education or business, a healthy body combined with a healthy mind are essential, or under stress, the fabric of the constitution is liable to fall, and failure is the result.

Science in all its bearings fully realizes this, and by every available means health authorities are making every endeavour to produce a healthier stock, and having attained such, equally uses means to maintain in good health those so born.

The care of the mother whilst maintaining her offspring is one of the great problems of the day in all stations of life, but especially amongst the poor.

The healthy mother during the child bearing period is a valuable asset, for without such, a healthy child cannot be born.

She must have plenty of good food, fresh air, and clean surroundings, or her offspring is undeveloped and feeble, and if not diseased is predisposed to disease.

The healthy mother is therefore a fundamental principle in the general health of any nation, given the healthy child, such is less predisposed to disease.

The greatest asset of any nation is healthy children, and a large number of them, especially from a Rural District.

The child whether born healthy or diseased comes at once by law under your care, the Registration of the birth is compulsory; vaccination as a protection against small pox may or may not be carried out.

The Notification of Births' Act if adopted places the child under direct observation, the Health Visitor or District Nurse may visit the child and give instructions as to feeding, etc.

The child gets to School, the stress of the present system of education is manifest.

The School Medical Officer visits and reports, and eventually the child passes from school to his or her vocation in life, and even after this your work does not cease, but you continue to watch and protect the health of the community through youth, manhood, and it is to be hoped to ripe old age !

There is now practically a complete State Public Health Control on every unit of population in the United Kingdom, and you as a Rural Health Authority are one of the instruments employed by the State to carry such into effect.

### **Physical Characteristics.**

I will now lay before you the past year's general work, and you will then see how far your duties have been carried out as required by the State.

Your district comprises 22 Townships, and is generally flat.

The river Wyre arises and passes direct through your area to its estuary at Fleetwood.

Your district provides an important and pure water supply to a large population, including Blackpool, Fleetwood, St. Annes-on-the-Sea, etc. ; this supply is in the hands of the Fylde Water Board.

### **Chief Occupation.**

Chiefly agricultural.

There is one paper mill, and two cotton mills, all being small industries.

## **TOWN'S PLANNING BILL.**

### **Housing Accommodation.**

You have appointed a Housing Committee on this question, and have held several meetings.

In September the Local Government Board issued the Housing (Inspection of District) Regulations, 1910.

Article I.—Directs you to determine your procedure which is to provide for thorough Inspection of the dwellings or localities in your District, and for this purpose the Medical Officer of Health, or an officer acting under his direction, must prepare a list of dwelling houses for early inspection, where he considers such desirable.

Article II.—Defines the conditions which must be recorded by the Officer making such Inspection. These include prevention of contamination of water supply, closet accommodation, drainage, condition of house as to lighting, free circulation of air, cleanliness and dampness, the paving, drainage and sanitary condition of any yard or out-house belonging to the house, arrangement for deposit of refuse and ashes, and as to any defects which might tend to render the house dangerous or injurious to health.



Article III.—Requires definite records to be kept by the Medical Officer of Health, or under his supervision, of the result of Inspection made, together with any action taken by him independently or on the direction of your authority, with a view to remedying insanitary conditions, the result of such action, and any further action which should be taken.

Article IV.—Requires you to take such records into consideration and to take such action as you are empowered to take with regard to houses, etc., under consideration.

Article V.—Requires the Medical Officer of Health to include in his Annual Report a tabular statement with particulars as to numbers of dwelling houses inspected, the number which are considered to be uninhabitable, the number of representations made to your Authority with a view of making closing orders. The number of closing orders made, the number of houses which were made habitable after closing orders had been made, and the number in which the defects were rendered without the making of closing orders.

Important as this Act is, and far reaching and novel as are many of its provisions, yet it practically presents three aspects :—

1st.—The owner's position.

2nd.—The occupier.

3rd.—The position of the Local Authority.

The owner may build in his own interest, and looks chiefly to the Financial aspect, and can he build and maintain property of the Artisan type, which is calculated to bring him a reasonable return on his investment.

The return on such much depends on the kind of tenant and type of building. Those who have had much experience of dwellings of the Cottage type, know well how much depends on a good or bad tenant, how much a good tenant may help his Landlord, and how much a bad one can depreciate the property.

The more simple the type of building, with stability, less is the work of drainage and up keep. The more cultured and careful the tenant, better is the prospect both for occupier and landlord.

### **The Local Authority Aspect.**

Supposing you exercise your powers and build, you are bound to look at the Financial aspect and therefore to suitable tenants, you spend the Public Money, and any scheme which would further burden the rate paying community in a Rural District, would be objectionable and unwise finance.

You have held several meetings and spent much time on this Housing question, and there would appear to be a consensus of opinion against building by you as an authority, if housing accommodation can be otherwise provided.

You have decided to get out plans and specifications, which are to be submitted to builders and owners and others, with suggestions that they should build some suitable cottage-dwellings in your District.

I hope your action may have the desired effect.

I have little doubt in my own mind when you have more carefully gone into this matter, that you as an authority will in the future, with care and discretion, be able to build dwellings of the artisan type, which will bring in an adequate return.

There are no temptations for your surplus and rural population to remain, consequently they migrate to the Towns, or pass away to the Colonies.

Your District is naturally healthy, is well wooded generally ; flat in parts, undulating in other directions, and has many admirable building sites.

Yet there is a real lack of occupation, such as a District like yours should command.

Better communications are required by railways, and a better service on existing railways would facilitate a much more stable population in your district.

Your district is surrounded by large towns on every side, and given better communications, combined with building operations, your population should much increase.

Light railway promotions have not so far been a Financial success ; possibly a matured Motor Service may be of some future benefit.

I look forward to a much wider and cheaper use of the Telephone in the near future.

The telephone in the hands of the Government should become almost a household necessity, and this means of communication to towns, for a Rural District, on a cheap service, should be an immense benefit.

### **Housing Inspection.**

A detailed inspection was made by the Inspector, of the township of Bleasdale, and a printed copy of his report was supplied to each member. No house in the whole township was found in such a condition as to be unfit for habitation.

The report was considered by you and it was resolved that the owners attention be called to the nuisances, with a request that they be abated. A number have been abated.



I have scheduled the following places as requiring inspection forthwith :—Pilling, Garstang, Gt. Eccleston and Calder Vale, a hamlet within the township of Barnacre-with-Bonds. The Inspector is at present engaged in this work and the reports will be brought before you in due course.

### **Rural Depopulation.**

The problem of Rural Depopulation is a complex one. Education, Employment, dwellings in which to live and farm successfully are all points affecting such.

The present educational system undoubtedly tends to Rural depopulation. The child becomes imbued with ambition to something higher than the ordinary agricultural life, and if he or she is of average mental capacity, drifts away to the towns to conditions of a more attractive character, and likely more remunerative.

Education is good for all ; but if it is desired to maintain and increase a Rural population, let such education specially tend in this direction, and let Rural conditions be such as to retain the individual so educated.

Let there be at his disposal a decent dwelling in which to live ; some land attached if he is to support himself, or other employment for hire.

Small ownership is, I believe, one of the best methods to really establish a permanent Rural population. Give a tenant a vested interest, he has then something to hope and work for, and for his family who may succeed him.

The whole question is to my mind one for the State, if to be thoroughly handled. Your district has many small holdings but there is a demand for many more, and it has a serious financial aspect to the landlord.

Mr. Impey, one of the Government Commissioners on Small Holdings, has visited your District, and I hope his labours may meet with some success.

The Government Measure is essentially one of Finance on a 5 p.c. basis, and the rates are not expected to suffer thereby.

The whole question resolves itself into one important point ; can a thrifty and good tenant make it pay ?

He must be thrifty in every respect or he must fail, and as a result of failure the rates must suffer.

The whole subject is interesting, and has a great bearing on the the future rural population.

## INFECTIOUS CASES.

**Scarlet Fever.**

This disease has been troublesome during the past year in your District, chiefly owing to its mild and anomalous type.

Many cases were not medically treated, no advice being sought desquamating children finding their way into a school and causing general infection.

The greatest difficulty was found in getting the first cases and contacts, owing to there being practically no Notification; this was especially the case in Calder Vale, Barnacre, and Bleasdale.

Owing to information received I visited these Districts and found the disease widespread, and on my first visit not a single case had been professionally treated.

I found the disease here in all its stages, one woman was found kneading dough, with marked desquamation.

A farm supplying milk was infected, and Calder Vale School was infected. Prompt measures were taken and the School closed.

A considerable time elapsed before the Epidemic here was under control, owing to the very scattered nature of the District, and the wide spread infection.

The entire power of curtailing an epidemic, whether mild or severe, depends on prompt notification and isolation of every case.

Isolation at Home must be complete or it becomes a failure, and for the most part such is practically impossible amongst the dwellings of the cottage type, and those of many farmers.

I venture to say that in three-fourths of the dwellings in your District, Isolation at home is to a great extent impossible.

Notification and Isolation must be prompt and definite, or infection will spread with its special results on each generation of children born in your District.

There is also a further point which requires most careful consideration, the after effects of Infection when the latter is not carefully and promptly treated often leads to permanent disease of the kidneys, or the ears with chronic deafness, and a permanent source of possible danger to life.

Scarlet Fever, mild or severe, has always shewn a tendency to attack the internal ear, and this especially of the child, if carelessly treated and no professional aid sought.

The mildest attack of Scarlet Fever is always a source of danger to the individual attacked.



## Cancer.

Nine deaths have occurred during the past year. This disease continues its ravages throughout the country, and it would appear that the only real chance of cure up to the present date is free and early removal.

Most of the cases of this dreaded disease only come under the medical eye when fairly established or advanced. It is no doubt difficult for the lay mind to recognize what often are the early symptoms of malignant disease, but no harm can possibly result by being over cautious, and one important point should never be forgotten, at or near middle life, that the persistency of any abnormal condition, either local or general, the possibility of the malignant should not be overlooked.

The different orifices of the body are especially liable to attack, consequently any persistent irritation of those parts should be avoided.

The maintenance of the general health is most important not only in combatting cancer but in combatting all diseases especially those of the infective type. We certainly have at times a definite immunity to disease, at other times this immunity disappears.

That cancer is allied to diseases of the infective or contagious type I do not doubt!

Cancer has been transmitted from the human subject to mice, and from mouse to mouse.

It would appear that most structures of the body not in their normal state are predisposed to the cancerous condition especially as age advances. What may be the actual precancerous condition which leads to the infection or otherwise, and the subsequent growth of cancer is a subject of great interest. In other words what are those definite and specific changes in natural healthy tissue which constitute, if I may use the word, "the breeding ground of the cancer cell" We do know that many specific and general tissue changes do take place in the human body, and these are not associated with the cancer cell.

Many able workers on this subject are investigating in most civilized countries, let us hope that their combined efforts will prove successful in the near future. It is a vast field of work, and the prevention or cure of cancer would confer on man and animals benefits, the magnitude of which can hardly be realized.

## The Rat Question.

Owing to the presence of Rat Plague in Suffolk, this question came under your consideration.

That rats are a danger to the Public health cannot be doubted : they are also a source of great loss to the Farmer, and there is no compensatory return.

Much is written and said as to the balance of nature, but so far as the rat is concerned no such balance exists, and the rat allowed to breed becomes a nuisance and a loss. What is the remedy ?

Wholesale and general destruction ; no partial measures are or can be effective.

One District freed from rats, and adjacent Districts not so treated, time is only required to re-establish themselves.

Rats breed rapidly, move over wide areas, and are encouraged about by waste refuse, badly constructed buildings and inefficient floors, thatched roofs and badly constructed drains. Corn stacks are a favourite haunt, in which they do much damage.

Rat destruction is evidently one in which all farmers should take a keen interest, for mutual and common good.

The flea from the Plague rat is the great danger to the human subject, since the very fatal disease of Plague is transmitted by the bite of this small insect.

You recommended that a report be sent to the Lancashire Farmers' Association, setting out the importance of the subject. I attached a recommendation thereto that every member of the Association should have sent to him (Leaflet No. 244, Board of Agriculture and Fisheries—The Destruction of Rats).

This leaflet is an excellent one, and I commend it to anyone who may read this report.

From a rate payer's point of view, money wisely and judiciously spent, would repay those interested, if properly organised.

Barium Carbonate is, I believe, one of the best poisons for destroying rats and mice, and in small doses is said not to be injurious to domestic animals.

One part by measure of the mineral to eight of oatmeal, mixed to a dough with water, is a suitable bait.

The various rat virus in the market, when properly used, would also appear to be very effective in some parts, but in others uncertain.

This method of procedure will no doubt improve as time progresses.

The question of rat destruction will eventually be a work of the Local Authority, the nuisance is a general one and general means will be required to combat it.

## **Provision of Diphtheria Anti-toxin.**

In November last you notified all the Medical men practising in your District that you were prepared to supply the above remedy for those suffering from Diphtheria, and those exposed to Infection.

This remedy is now stored by you, and will be supplied to those medical men who apply for same at the Town Hall.

The value of this remedy, freely and early used, is of the greatest possible importance.

For some years you have supplied Anti-toxin free to poor families at my recommendation, and with good effect.

It should be specially noted that the Anti-toxin is supplied with a double object.

1st—For the cure of Diphtheria.

2nd—For its prevention or possible extension.

In other words the Anti-toxin may be given to those who have been in contact with the infected case, or have run any special risk of infection.

As to the beneficial use of Anti-toxin under such circumstances, I am fully convinced.

I would like also to state that if Anti-toxin is used quickly and promptly in the early stage of Diphtheria, and an efficient dose taken, the cure of the patient is almost certain.

## **Midwives' Act, 1902. (Section I. 2).**

This Act continues to work satisfactory in your District.

Section I.—Sub-Section 2—is now operative.

“From and after the First day of April, 1910, no woman shall habitually and for gain attend women in child-birth, otherwise than under the direction of a qualified Medical practitioner, unless she is certified under this Act. Any woman so acting without being certified under this Act, shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified Medical practitioners, or to any one rendering assistance in a case of emergency.”

It will be observed that a woman now habitually practising as a midwife, who does not hold the Certificate of the Central Midwives' Board, is liable to be prosecuted.



## **Vaccination.**

Exemptions continue to increase in your District, this is not protecting the Public Health.

If as much trouble was taken to instruct the people as to the efficacy and importance of vaccination as is taken to prejudice people against it, the aspect would be quite different.

Contrast the methods with those in Germany. During the past year a man was asked by the Local Police to obtain a certificate to show that his daughter had been vaccinated; he failed to comply and was summoned and fined.

The police notified him that they must take the child (if needs be by force), to have the same vaccinated.

The father brought an action against the Police. The court, however, decided that the action of the Police was legal, and only on health grounds could the child be exempt from vaccination.

Such definite action is salutary, admits of no pandering or class ignorance. The crop is yet to be reaped of seeds sown of inefficient vaccination in this country and I trust such may be long deferred.

The crop will be a virulent form and increased number of Small-Pox cases with a high mortality, and those who survive much disfigured.

It is to my mind a calamity to any country which does not make use of such a weapon as that of Vaccination against Small-Pox.

Vaccination now efficiently performed is practically without risk.  
Exemptions in 1910...60.      Vaccinated...219.

## **The Dust Nuisance.**

Tar spraying the main roads in your District has to some extent modified this nuisance, but in some localities complaints have been made, that such interferes with horse drawn vehicles by rendering the roads more or less slippery.

It would be interesting to know from road experts what is considered the actual effect as affected by the frost. On these tarred roads it does not appear good. Personally I am not sure from a public utility point of view that such is beneficial.

Outside dust is not the only dust which is a nuisance; the household dust or the public room, or schoolroom dust, take their stand as being injurious to health.

On one occasion I visited a schoolroom in your district and found the caretaker most busy and painstaking in his work, and he spoke of having swept all the beams, etc., of the school and was then busy with the floor.

The air of the room was impregnated with dust, the man's eyelids, nose and mouth were charged with the same materials.

A serious error in this method was at work, he was using little or no moisture with his cleaning. Germ laden dust whether in a house or public room should be treated with moisture, to which should be added a disinfectant, this especially in our schools and public institutions.

## **Floor Hygiene.**

A special preparation for use on the floors of schools, public buildings, offices, etc., known as "Flougeine," has been highly reported upon. I have no experience of its uses, but any preparation which at a reasonable cost acts as an anti-germicide, and at the same time fixes the dust which accumulates in all buildings, in which there is much interchange of traffic, such as our schools, is a definite advancement in Public Health progress, since one of our most deadly germs the Tubercle Bacillus is dust carried to a great extent.

This preparation is supplied by the Dust Allayer Co.), 165, Queen Victoria Street, London, E.C.

## **Isolation Hospital.**

This is not yet an accomplished fact in your District; the admirable site you have purchased is still without its necessary buildings.

Many meetings have been held, plans and estimates submitted, you have visited other Hospitals, presented reports; your position is practically the same as in 1909.

I believe a large majority of your Council are in favour of Hospital accommodation, but it is the type and character of the building which would appear to be the chief stumbling block, brick and slate, or iron and wood.

In other words it is a Financial Question.

I have had considerable experience in the use of wood and iron hospitals, and although such have many advantages for temporary and immediate use, yet I am strongly of opinion that for a Hospital of a permanent character, and for the general treatment of infectious diseases other than Small Pox, that a permanent building with a slated roof, is by far the wisest investment for the following reasons :—

1.—You are making a permanent investment for the present and future use of the inhabitants of your District. This is a most important aspect of this question, and one you cannot as wise Financiers overlook.

2.—I estimate the annual depreciation of a wood-iron building at 10 p c. per annum on the total cost.

3.—The cost of maintenance is much greater, painting, etc.

4.—The interior wood work contracts, consequently the building becomes draughty.

5.—The roof expands with heat and cold, and often as a result is not water-proof.

6.—The buildings are not vermin-proof.

7.—They are more inflammable, and the Insurance rate is higher.

8.—More fuel is required during the winter for heating purposes.

9.—The noise caused by heavy rain on an iron roof, is often complained about by patients.

10.—The variations in Temperature in a wooden building, are much greater, being very hot in summer and cold in winter.



11.—For disinfection a permanent building is much the best, and as different types of infectious diseases are to be treated, such is very important.

12.—In case of fire (the risk of which is much greater in a wooden building), the building is doomed.

13.—The building being chiefly for children, warmth is essential especially with children peeling after Scarlet Fever.

14.—The building must be attractive, and one in which the parents sending their children must have confidence.

15.—The general experience of all well conducted Infectious Hospitals, is that they are much appreciated ; often the applicants are more numerous than the accommodation.

### **School Closure.**

This question is one which becomes of increasing interest year by year, both from a Public Health point of view and also from its Financial aspect. The Medical Officer of Health, looks, and justly so, at the Health aspect of the question. No doubt in a country district the closure of a school has often a very good effect, as the children do not congregate together as in towns, most of the children generally going to isolated dwellings.

Again the exclusion of certain families from school when suffering from infection, and such done early enough has often a very beneficial effect. Again undiscovered infection can make great havoc in a school, such as a mild case of Scarlet Fever, seeking no professional advice and returning to school in the desquamating state or abnormal nasal discharge. Such cases as these have in recent years become of common occurrence in your District. How are they to be overcome, and by what means can a Public Health Authority prevent the occurrence of such cases.

A Medical Officer of Health or School Medical Officer cannot always be on the look out for such cases. The parents of many children appear quite indifferent to these mild attacks of Scarlet Fever, they are generally designated as colds, the child is kept at home a few days and returns to school to develop peeling at a later date and infect those who have not already suffered.

No medical advice being sought. This I have commonly observed.

It seems to me that it is to the Schoolmaster we have to look for some help in this matter, not as a diagnostician, but to make records.

He might be allowed a thermometer, taught its use ; a child is sick, has headache and sore throat, and should there be a temperature, this is likely the fore-runner of Scarlet Fever. Such a child should not be admitted again to school without seeing the private medical attendant or the Medical Officer of Health.

Any child ill, with a temperature over 100 degrees at school, should be noted, and a record kept.



The thermometer and its use in children is of the utmost importance with regard to Infection; no acute infection can take place without a rise of temperature.

The observant schoolmaster or mistress very soon detects anything amiss with a child, and with a normal temperature nothing of an acute nature can possibly exist. Why should not (in these days of educational advancement), the thermometer be one of the means employed in this direction. Such cultures the child to its uses, interests the schoolmaster in the early detection of infectious disease in his school, and consequently to his benefit and also to the general health of the community.

I will therefore suggest the provision of a clinical thermometer for a schoolmaster or mistress, that any case of illness with a temperature be recorded and a report sent to the parents, with a request to seek professional aid. A child at school with a temperature over 100 degrees should not be allowed in school. The non-notifiable diseases—measles, whooping cough, mumps and influenza—often spread very rapidly, and will by non-attendance practically close a school; this has been so in your District in several instances during the past year.

### **Fire-Guards.**

It is now incumbent on all parents and householders having charge of young children, to possess fire-guards, to protect kitchen or other room fires, so that there shall be no reasonable risk of children being burnt.

That children have a natural desire to play with fire must be apparent to all heads of families, consequently definite precautions are necessary.

A fire-guard with a fine mesh should always be fixed, should enclose the whole of the fire-place, and be of a semi-circular character.

A simple, cheap, yet protective fire-guard should be within the reach of every workman's or farmer's family.

Under the Children Act of 1908, the provision of a fire-guard is made compulsory where there are young children.

### **The House Fly.**

The more health problems are studied, the more do we realize that the house fly holds a very strong position as to the spread of disease.

The tendency of the house fly to visit manure heaps, or masses of filth if existing, and also to turn its attention to our food supplies if allowed, or pay a visit to an infectious individual, and after such seek the companionship of a healthy person, are amongst the problems of the health officer.

Many and variable are the methods used to destroy these pests, some authorities have paid for their destruction, others use domestic means for their destruction.

Any method used should fix or kill the fly outright. A fly half-poisoned, but which can fly about, becomes a double danger, such as caused by the use of poisonous fly papers, the fly being likely germ-laden as well as impregnated by poison.

Formalin gas and spray does not appear to kill flies, and both are irritating.

Izal sprayed on flies would appear to be effective; the flies so treated become stupified and fall, when they can be swept up and burnt.

Flies are attracted by filth, and any accumulation of the latter should be prevented at or near any dwelling; filth is also their breeding ground.

Flies should as far as possible be excluded from all food stores, by the use of gauze meat covers, perforated zinc ventilators put in the windows, and the use of fine muslin previously boiled, over milk.

Gauze material is now made weighted at the corners to cover over dishes, etc.

The ordinary farmer's cheese cotton when boiled makes quite an effectual covering, and is cheap and within the use of all.

Protection of the ordinary cow's milk for the child in this manner is essential, even after such has been boiled.

## **Tuberculosis.**

This disease in man and animals continues to occupy the public mind, and from whatever point it is viewed it has a serious aspect on the Public Health. Although much good has been done from measures already taken, yet the field of operation is vast, and it would appear that no real definite advance in eradication can take place until a general attack is made on the disease both in animal and man.

The disease being so widespread and often so subtle in its early stages, the problem is by no means an easy one. In such a District as yours, small as the number of consumptive cases are, yet it is often difficult to know what to do with them, and even if a few are fortunate enough to get into Sanatoria, it is difficult to know what to do with them on their return, in order to maintain the improvement or possible cures.

There is a great need of Sanatoria all over the country, which could provide reasonable means of treatment for people of the artisan and working classes.

How often simple Sanatoria could be made at home if fully realized.

Fresh air, cleanliness, sunlight, with good sustaining food, are four great factors with which to fight the Tubercle Bacillus, and thereby prevent it becoming established in man or animal.

Viewed from a financial point of view, Consumption is a terrible loss to this country. It is estimated that the loss in wages in this country owing to this cause, is approximately 4,000,000 sterling, combining male and female labour.



Add to this the sum of money spent in combatting the disease, the deaths, suffering and misery caused by its ravages; the whole becomes a picture of a national character, and thereby general national means can stamp out tuberculosis, or greatly modify the prevalence of the disease.

You have adopted voluntary notification of this with little effect.

Where cases have been notified, instructions have been given, and where means available and case suitable, removal to a Sanatorium has taken place.

Disinfection after death has been carried out.

Removal to a Sanatorium, of a patient, not only improves the present condition of the patient, but such removal cultures him or her in the future, in their own interests, and also in the interests of others.

The ideas of Sanatorium treatment, taught the patient, have a good effect amongst those with whom he may associate on his return, especially if the disease is practically eradicated.

The cured consumptive is a living advertisement of Public Health methods, and the presence of such in a community undoubtedly tends towards sanitary progress and healthful education.

The National Society for the Prevention of Consumption is organising a Poster Campaign against Consumption. Private individuals have taken the matter in hand and have subscribed liberally. The bill-posters association have undertaken to post these posters gratuitously.

The effect of this combined attack on Consumption should be far reaching and be the means of stimulating Public interest, and will, I feel sure, bring to light many early cases of this disease, which is such an essential condition if the disease is to be cured. Further the spread of the disease is checked, and advanced cases so infectious and practically incurable will become much less common.

### **Medical Inspection of School Children.**

This matter is likely to become one of great importance. So far such is not realized by the parents in Rural Districts.

Short as the period is since School Inspection became the law of the land, yet important points are already manifest of its usefulness.

There is one point which has struck me of great importance. That where a child is found to be suffering from some chronic ailment (such as ear discharge), it would be wise if the School's Medical Officer certified the precise condition.

Suitable printed forms could be kept in all Schools, and such certificate should be handed to the Head Teacher, to be sent direct to the parents, requesting the latter to seek medical advice.

Two cases of ear discharge in school children, during the past year, were under my care: both terminated fatally, owing practically to the lack of early treatment.

I respectfully wish to make this suggestion as one tending more practically to bring under the notice of the parents any likely serious present or future condition affecting the health of their children.



## Cowsheds and Dairies Order.

Your adoption of the Modified Regulations continues to do good work. Registration continues. Many Cowsheds have been improved in drainage, lighting, ventilation and water supplies. Milk which is a great industry in your district, is being produced under steadily improving conditions.

## Water Supplies.

Calder Vale Water Supply should soon be an accomplished fact, terms being now practically settled. The provision of a pure supply to this portion of Barnacre will be much appreciated and a great benefit.

Pilling is still in much need of a wholesome water supply, and there is a general out-cry for pure and wholesome water in this Township. Any pure water in this Township is quite the exception.

Other Townships requiring better Water Supplies are Winmarleigh, Out-Rawcliffe, Forton and Nateby.

## Notified Cases.

Anthrax	1
Diphtheria	6
Erysipelas	3
Enteric	5
Scarlet Fever	37

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Total	52
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No deaths from the notified cases.

Four „ „ Whooping Cough.

Four cases of Phthisis notified. The deaths from that disease are : Phthisis 3 ; and other tuberculous diseases. 2 deaths—Total 5.

The deaths from that disease have occurred in the following Townships :—

Garstang	One death ; age 34 years.			
Barnacre	„	„	„	7 „
Claughton	„	„	„	65 „
Forton	„	„	„	36 „
Stalmine	„	„	„	27 „

## REGISTRATION DISTRICTS:—

Population of Garstang	...	...	...	...	5311
„ „ Stalmine	...	...	...	...	2265
„ „ St. Michael's...	...	...	...	...	2860
					<hr/> 10,436 <hr/>

Population, 10,436.      Death Rate per 1,000.....11.01

Townships (22).	Population.	Deaths.	Rate per 1,000
Barnaere-with-Bonds	1,117	19	17.00
Bleasdale	403	4	9.92
Cabus...	171	0	Nil
Catterall	317	4	12.61
Cloughton	561	2	3.56
Cleveley	62	1	16.12
Forton	539	10	18.55
Garstang	808	8	9.90
Holleth	25	0	Nil
Kirkland	273	4	14.65
Nateby	297	1	3.36
Nether Wyresdale	454	7	15.41
Winnarleigh	284	1	3.52
Total in Garstang District		61	
Bilsborrow...	181	3	16.57
Great Eccleston	583	9	15.42
Inskip-with-Sowerby	450	3	6.6
Myerseough	423	3	7.09
Out Rawcliffe	705	5	7.09
Upper Rawcliffe-with-Tarnacre	518	3	5.79
Total in St. Michael's District		26	
Hambleton	321	4	12.46
Pilling	1407	21	14.92
Stalmine-with-Staynall	537	3	5.58
Total in Stalmine District		28	

Union Workhouse: 4 deaths, including in above.

Lancaster Asylum: 1 death, „ „ „

Preston Infirmary: 3 deaths, „ „ „

**Births.**

	Males	Females	
Garstang	57	66	123
Stalmine	34	20	54
St. Michael's	33	33	66
			<hr/>
		Total	243
			<hr/>

Males 124

Females 119

Twenty four more births this year.

The deaths from infants under one year, are 15; six less than last year. The deaths have occurred from the following:—

Bronchitis	1 death.		
Convulsions	1 „		
Enteritis	1 „	Garstang District	9 deaths
Marasmus	2 deaths	Stalmine „	1 death.
Pneumonia	1 death.	St. Michael's	5 deaths
Premature Birth	7 deaths.		
Whooping Cough	2 „		

**Deaths.**

In the Garstang District 115 deaths have been registered.

Four deaths have been registered in Institutions outside the District.

Four deaths are registered at the Union Workhouse belonging to the District. The deaths during 1910 are:—

	Males	Females	
Garstang	32	29	61
Stalmine	13	15	28
St. Michael's	10	16	26
			<hr/>
			115

Males

Females

55

60

Death Rate 11.01

Birth Rate 23.28

Comparing this year with last there is a decrease of 33 deaths, and an increase of 24 in the number of births.

The Death Rate is about the lowest one recorded, and it is gratifying to see 24 more births than last year.

The deaths from Malignant Diseases are 9, two more than last year. They have occurred in the following townships:—

Bonds	Two deaths, ages 69 and 55 years.		
Bleasdale	One death, age 76 years.		
Catterall	Two deaths, ages 28 and 60 years.		
Cloughton	One death, age 44 years.		
Garstang	„ „	56	„
Hambleton	„ „	59	„
Out Rawcliffe	„ „	74	„

Five of the deaths are in the Garstang District.



## INSPECTOR'S REPORT.

## To the Garstang Rural District Council.

Gentlemen,

I have pleasure in handing to you my Annual Report for the year ended, the 31st December, 1910.

**INFECTIOUS CASES.**—Fifty-two cases of Infectious Diseases in forty-two houses, were reported during the year. All the cases were visited forthwith and periodically afterwards. Disinfectants and printed instructions for the prevention of the spread of infection were supplied. After the patients were considered free from infection, the houses, clothing, etc., were disinfected with formaldehyde.

**COMMON LODGING HOUSES.**—The two registered Common Lodging-houses are periodically inspected by me, both at night and during the day, and are well kept.

**SLAUGHTER HOUSES.**—There are fifteen Slaughter Houses in your district which are kept in a cleanly condition. One person in your district has been prevented from slaughtering sheep for sale, in an unregistered building.

**FOODS AND DRUGS.**—No samples of Foods or Drugs were taken by you in your district during the year, for analysis.

I have examined a considerable number of carcasses of meat, fish, fruit, etc., and have seized and destroyed two boxes of fresh fish, one box of shell fish, and five boxes of dried fish, during the year, as unfit for food.

**CANAL BOATS.**—I have made forty-four inspections of twenty-one boats during the year. There were four infringements of the Acts and Regulations on two boats, such infringements are being dealt with.

**TOWN'S PLANNING BILL.**—I have made an inspection of the Township of Bleasdale, and am at present engaged in the inspection of the Townships of Pilling, Garstang, Hambleton and Calder Vale, a hamlet in the Township of Barnacre-with-Bonds, under the above Bill.

**SCAVENGING.**—The scavenging of Garstang is carried out by contract. The scavenging of Calder Vale, in Barnacre-with-Bonds and Scorton, in the Township of Nether Wyresdale, is carried out by your workmen at a small cost, and is satisfactory. It would, in my opinion, be advisable for you to scavenge the remainder of the congested places in your district.

**SEWERING:—**

**Great Ecclestone.**—The work of laying a 12 inch and a 15 inch sewer in this Township has been carried out by your workmen, under my instructions and according to plans prepared by me, at a cost of £426, against my estimate of £437. The outlet being now into a tidal portion of the River Wyre, the laying of these sewers has carried the outlets from the open ditches, thereby remedying a serious nuisance.

**Forton.**—A length of 18 inch sewer has been laid at Hollins Lane, Forton, under my instructions, and has done away with an open ditch sewer near to the houses there.

I am at present preparing plans for the sewerage of another portion of the Township of Garstang.

The sewage treatment works at Bowgrave, in Barnacre-with-Bonds, and at Scorton, in Nether Wyresdale, are now working satisfactorily.

All other sewers laid by you in your district are satisfactory.

**WATER SUPPLIES.**—Calder Vale Water Supply, in Barnacre-with-Bonds. I have prepared amended plans and sections for the supply of water from the Manchester Corporation's Thirlmere Aqueduct, and terms have been arranged with the whole of the owners, with one exception, for way leave, for the laying of the main. I suppose as soon as arrangements have been come to with this owner the water will be put in forthwith.

There are other Townships in your district that are in need of a constant Water Supply, the worst of these townships being Pilling.

**INFECTIOUS HOSPITAL.**—I have prepared two sets of plans and specifications for the erection of an Infectious Hospital, one proposed to be erected of corrugated iron and wood, the other of brick and slated, which are now being considered by you.

FACTORY AND WORKSHOPS—Seventy-two Factories and Workshops have been inspected and are generally well kept.

BAKEHOUSES—Nine Bakehouses were inspected, all of them retail, and are kept in a cleanly condition.

KNACKER YARDS—The two licensed Knacker Yards in your District are periodically inspected, and I have never found any cause for complaint during the year.

SMOKE—No complaints were made of any Smoke Nuisances, and no observations were made as regards the emission of black smoke. No legal proceedings were taken.

#### PARTICULARS OF INSPECTIONS, &c

No. of Inspections made	-	-	-	-	-	-	1262
No. of written Complaints	-	-	-	-	-	-	7
No. of Nuisances abated	-	-	-	-	-	-	191
No. of Notices sent	-	-	-	-	-	-	91
Dirty Houses ordered to be cleansed	-	-	-	-	-	-	4
Common Lodging Houses inspected	-	-	-	-	-	-	2
No. of Houses dealt with as unfit for human habitation	-	-	-	-	-	-	1
Removal of Manure improperly deposited	-	-	-	-	-	-	5
No. of Workshops and Factories inspected	-	-	-	-	-	-	72
No. of Bakehouses inspected	-	-	-	-	-	-	9
Canal Boats inspected	-	-	-	-	-	-	44
No of Houses disinfected after Infectious diseases	-	-	-	-	-	-	34
No. of Schools disinfected after being closed on account of infectious disease	-	-	-	-	-	-	4

#### PLANS.

Plans received for approval	-	-	-	-	-	-	20
Plans approved-	-	-	-	-	-	-	18
Plans not approved	-	-	-	-	-	-	2
Representing:—							
New Houses approved	-	-	-	-	-	-	15
New Additions to Houses approved	-	-	-	-	-	-	5
New Additions to Houses not approved	-	-	-	-	-	-	1
New Farm and other Buildings approved	-	-	-	-	-	-	3
New Farm and other Buildings not approved	-	-	-	-	-	-	1
Reading and Recreation Room approved	-	-	-	-	-	-	1
Workshop approved	-	-	-	-	-	-	1
Houses completed during the year	-	-	-	-	-	-	18
Houses in course of erection at the end of the year	-	-	-	-	-	-	0
Additions to Houses completed during the year	-	-	-	-	-	-	5
Additions to Houses in course of erection at the end of the year	-	-	-	-	-	-	2
Farm and other Buildings completed during the year	-	-	-	-	-	-	4
Reading and Recreation Room completed	-	-	-	-	-	-	1
Workshop completed	-	-	-	-	-	-	1

I am, Gentlemen, your most obedient servant,

JAMES COOK,

Town Hall, Garstang,  
20th January, 1911.

Inspector of Nuisances  
and Sanitary Surveyor.

This concludes my report, which taken as a whole, is one of the most satisfactory I have placed before you.

Pursue steadily and persistently your good work, and I believe as a result, your District is capable of being made one the most healthy Rural Districts in England.

The more Public Health is studied, the more manifest become the benefits derived.

I thank you for your support in the past, and may our future combined efforts result in the general well being of the inhabitants of your District.

I am,

Yours very obediently,

January, 1911.

THOMAS FISHER.



# Garstang Rural District Council.

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## Instructions for Preventing the Spread of Infection.

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When **Infectious Diseases** are treated at home, the following rules should be strictly observed :—

1.—The [patient should be separated from the other members of the family, as completely as the dwelling permits. Where possible all cases should be removed to an Isolation Hospital.

2.—Remember the danger of infection is the same in all cases, whether mild or severe.

3.—Remove all unnecessary articles of furniture, curtains, carpets, books, etc., out of the sick-room, immediately at the commencement of the illness.

4.—The room should be always kept well ventilated.

5.—The door of the room should be kept closed, and on the outside of the door should be hung a sheet, and this sheet should be kept wet with disinfectant solution.

6.—A large vessel containing disinfectant solution should be kept in the room. All bed and body linen, on its removal from the person of the patient, should be immediately placed therein, as the common habit of carrying dirty clothing through the kitchen or other rooms in the house, cannot be too strongly condemned.

7.—The attendants should wear washing clothes, and should always wash and disinfect her hands and face and change her shoes and outer clothing after leaving the sick-room.

8.—Handkerchiefs should not be allowed for use by patients, but only rags or paper handkerchiefs that can afterwards be burned.

9.—No food or drink which has been in the sick-room should be taken outside, but be burned on the fire of the sick-room. Cups, glasses, spoons, or other articles that have been handled by the patient or been in the sick-room, should be immersed in a disinfectant solution for at least 15 minutes before removal from such room.

10.—The discharges from the patient should be received into a vessel containing a disinfectant solution, before removal, and should be either burnt or buried at least 3 feet deep, in such a place that is not likely to be dug up, and not less than 60 feet from any well, spring, or stream.

11.—No neighbours, visitors, etc., must be allowed to enter the house.

12.—When scales or crusts form upon the skin, it must be kept smeared with Carbolic Oil. The advice of the Medical Attendant being acted upon.

13.—The patient should not be allowed to sleep in the same room as any healthy person, until at least a fortnight after complete recovery.

14.—No children from a house where infectious disease exists must be allowed to attend any school or mix with other children, and the rest of the family should as far as possible avoid associating with others. Children must not return to school after infectious disease, until a Medical Certificate is given.

15.—The Medical Officer of Health or Sanitary Inspector must be informed when the illness is at an end. Disinfection of a house must be carried out to the satisfaction of the Medical Officer of Health. The disinfection will be carried out by the Councils Officials, free of charge, if so desired by the occupier. After disinfection a thorough cleansing should be effected; everything washable should be first steeped in a disinfectant solution and then washed.

16.—All wall paper must where directed by the Medical Officer of Health, be stripped from the walls and the wall kept limewashed for at least 12 months afterwards.

17.—The occupiers of any Infected Dwelling, must not, under any circumstances, sell, remove, or cause to be removed, any milk, or other articles, such as Clothing or Food, from the premises, without the special permission of the Medical Officer of Health or Sanitary Inspector.

18.—Disinfectants are supplied gratis, in all notifiable infectious cases, by the Council. Application for same to be made to the Sanitary Inspector, Town Hall, Garstang. It should be seen that disinfectants are used in accordance with the directions on the labels accompanying them.

## PUBLIC WARNING.

### INFECTIOUS DISEASES.

*Exposure of Infected Persons and things under the Public  
Health Act, 1875.*

Sec. 126.—“ Any person who

“ While suffering from any dangerous infectious disorder wilfully exposes him-self without proper precautions against spreading the said disorder in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof, that he is so suffering, or being in charge of any person so suffering, so exposes

such sufferer, or gives, lends, sells, transmits, or exposes, without previous disinfection, any bedding, clothing, rags, or other things, which have been exposed to infection from any such disorder, shall be liable to a PENALTY not exceeding FIVE POUNDS, and a person who while suffering from any such disorder enters any public conveyance without previously notifying to the owner or driver that he is so suffering, shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance."

After this notice this Council will enforce the above-named penalty against all persons offending.

CHAS. THORNTON, Clerk to the Council.

THOMAS FISHER, Medical Officer of Health.

Town Hall, Garstang.



Table 1. Vital Statistics of Whole District during 1910 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to District.	
		Number	Rate *	Under 1 Year of Age.		At all Ages.					Number	Rate *
				Number	Rate per 1000 Births registered.	Number	Rate *					
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	12500	243	19.44	19	78.14	166	13.28				166	13.28
1901	12500	248	23.76	18	72.58	122	11.69				122	11.69
1902	10436	251	24.05	17	67.72	139	13.31				139	13.31
1903	10436	268	25.68	19	71.03	144	13.79				144	13.79
1904	10436	220	24.08	26	59.9	139	13.31				139	13.31
1905	10436	221	21.17	17	76.9	121	11.59	4			121	11.59
1906	10436	240	22.99	14	58.33	138	13.22	5	2	1	132	12.64
1907	10436	225	21.55	16	71.1	125	11.79	2		2	127	12.16
1908	10436	237	22.70	20	84.38	131	13.55	4		1	132	12.64
1909	10436	219	20.98	21	95.89	144	13.79	6			148	14.18
Aver-ages for years 1900-1909	10848.8	237.2	22.1	18.7	73.1	136.9	12.4				137.0	12.4
1910	10436	243	23.28	15	61.72	111	10.63	3		4	115	11.01

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres }  
(exclusively of area } 57,151  
covered by water) }

Total population at all ages, 10436, at Census of 1901

Table 2. Vital Statistics of separate Localities in 1910 and previous years.

Names of Localities.	GARSTANG.				STALMINE.				ST. MICHAEL'S.			
	Population esti- mated to middle of each Year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year
1900	a	b	c	d	a	b	c	d	a	b	c	d
1901	5311	111	80	11	2265	67	38	4	2860	65	48	4
1902	5311	128	71	12	2265	58	21	2	2860	62	30	4
1903	5311	133	72	7	2265	56	28	2	2860	62	39	8
1904	5311	139	76	10	2265	68	31	Nil	2860	61	37	9
1905	5311	102	75	16	2265	54	24	6	2860	64	40	4
1906	5311	113	69	9	2265	50	23	3	2860	58	29	5
1907	5311	111	61	8	2265	65	35	1	2860	64	36	5
1908	5311	103	68	9	2265	69	30	2	2860	53	29	5
1909	5311	122	59	8	2265	47	30	8	2860	68	43	4
	5311	105	82	13	2265	61	29	4	2860	53	37	4
Average of Years 1900 to 1909		116.7	71.3	10.3		59.5	28.9	3.2		61.0	36.8	5.2
1910	5311	123	61	9	2265	54	28	1	2860	66	26	5

Table 3. Cases of Infectious Disease notified during the year 1910.

Notifiable Disease.	Cases Notified in Whole District.					
	At all Ages.	At Ages—Years.				
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65
						65 and upwards.
Diphtheria.....	6		1	3	2	
Erysipelas .....	3					3
Scarlet Fever .....	37		2	28	4	3
Enteric Fever .....	5		1	3	1	
Anthrax .....	1					1
Totals .....	52		4	34	7	7

Garstang, 19. Stalmine, 11. St. Michael's, 22,  
Isolation Hospital,—Nil, except Elswick Smallpox (Conjoint).



Table 4. Causes of, and Ages at, Death during year 1910.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Whooping-cough .. .. .	4	2	2				
Enteritis .. .. .	3	1			1	1	
Phthisis (Pulm. Tuberculosis)	3					2	1
Other Tuberculous diseases ..	2			1		1	
Cancer, malignant disease ..	9					6	3
Bronchitis .. .. .	7	1				1	5
Pneumonia .. .. .	10	1		1	1	5	2
Other diseases of Respiratory organs .. .. .	2		1				1
Alcoholism.. .. .	1					1	
Premature birth .. .. .	7	7					
Diseases and accidents of parturition .. .. .	2				1	1	
Heart diseases .. .. .	12					4	8
Suicides .. .. .	1						1
All other causes .. .. .	52	3	3		2	15	29
All causes .. .. .	115	15	6	2	5	37	50

Table 5. INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.											
All Causes } Certified ... Uncertified ...	Under 1 week	1-2 weeks	3-4 weeks	Total under 1 Month	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	9-10 months	Total Deaths under One Year.
	3	2		5	3	3	1	1		2	15
Whooping Cough					1			1		1	2
Enteritis ...					2	1					1
Premature Birth	3	1		4							7
Atrophy, Debility, Marasmus...						2					2
Convulsions		1		1						1	1
Bronchitis ...											1
Pneumonia							1				1
	3	2		5	3	3	1	1		2	15

Births in the year { legitimate .....223  
 { illegitimate.....20  
 Deaths from all Causes at all Ages...115  
 Population, Estimated to middle of 1910...10,436  
 Deaths in the year of legitimate infants...10  
 " " illegitimate " 5

## Factories, Workshops, Laundries, Workplaces &amp; Homework.

## 1. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of	
	Inspections.	Written Notices.
Factories (Including Factory Laundries) ..	3	Nil
Workshops (Including Workshop Laundries) .. .. .	69	2
Workplaces .. .. .	Nil	Nil
Total .. .. .	72	2

## 2. DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—		
Want of cleanliness .. .. .	Nil	Nil
Want of Ventilation .. .. .	Nil	Nil
Overcrowding .. .. .	Nil	Nil
Want of drainage of floors .. .. .	Nil	Nil
Other nuisances .. .. .	1	1
Sanitary accommodation:—		
Unsuitable or defective .. .. .	1	1
Total .. .. .	2	2

## 3. HOME WORK.

Nature of Work.	Addresses of Outworkers.	Inspections of Outworkers' premises.
	Received from other Councils.	
Wearing Apparel:—		
Making, &c. .. .. .	1	3
Total .. .. .	1	3



## 4. REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.	Number.
Joiners .. .. .	18
Blacksmiths .. .. .	12
Shoemakers .. .. .	12
Tailors .. .. .	7
Saddlers .. .. .	4
Other Trades .. .. .	16
Total number of workshops on Register .. ..	69

## 5. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	Nil
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	Notified by H.M. Inspector Nil
	Reports (of action taken) sent to H.M. Inspector Nil
Other .. .. .	Nil
Underground Bakehouses (s. 101):—	
Certificates granted during the year .. .. .	Nil
In use at the end of the year.. .. .	Nil



TABLE C.

## COUNTY OF LANCASTER

Summary of Medical Officer's Report  
for 1910.

## RURAL SANITARY DISTRICT OF GARSTANG.

Area in Statute Acres....57151. Population (Census) 1901 .....10436  
Population (Estimated) 1910 .....10436

Name of Medical Officer of Health....THOMAS FISHER. Salary £70

Births { Male 124 } Total 243 | Deaths { Male 55 } Total 115  
registered { Female 119 } | registered { Female 60 }

Number of Illegitimate Births registered—20

Deaths of Illegitimates under one year of age—5

Birth Rate, 25.28

Death Rate, 11.01

Rate of Infant Deaths, under one year, to 1,000 Births..61.72

Death Rate from the seven principal Epidemic Diseases per 1,000 of population,

Diseases specially prevalent? Scarlet Fever.

Period? January, February, November.

Any Schools Closed? Yes.

If so, for what Disease? Scarlet Fever, Whooping Cough.

No. of Special Reports made under Art. 18 (15) L.G.B. Order, March, 1891—

Special Report of Bleasdale Township.

What is the character of the Hospital Accommodation? { For Small-pox The Fylde, Preston and Garstang  
Joint Small-pox Hospital Board.  
For other Infectious Diseases, in contemplation

Is it Joint or otherwise? Smallpox Conjoint.

Number of Beds available { For Smallpox, conjoint.  
for your District? { For other Infectious Diseases,  
Small-pox....Nil Enteric Fever....Nil  
Diphtheria....Nil

Number of cases removed { Searlet Fever....Nil  
from your District? { Searlet Fever....Nil  
Deaths in Hospital of patients { From what causes? Nil  
from your District? {

Total..Nil

How is Disinfection carried out? { Houses Fumigated by Formalin.  
No. of Houses disinfected, 34.  
Where is Apparatus situated? The Town Hall,  
Garstang.

Number of cases of Infectious Disease reported under the Notification Act? 52.

Are any Diseases not specifically mentioned in the Act notifiable (for instance, Measles, Whooping Cough, Diarrhoea, Chickenpox, Ophthalmia Neonatorum, &c.)? If so, what are they? Ophthalmia Neonatorum.

Bacteriological Examinations. No. and nature of specimens examined? Submitted to Clinical Research Association.

Has any arrangement been made for the "voluntary" notification of Pulmonary Tuberculosis? Yes.

Has any arrangement been made under the Diphtheria Anti-toxin Order, 1910? Yes. Diphtheretic Anti-toxin; and was before the Act.

Action taken under "The Housing of the Working Classes Acts" ..... { Houses made habitable? 1  
Defects remedied? 1  
General defects? Walls, roof, floors, drainage,  
and privy accommodation.

From where is the Water Supply obtained, and what is its condition? Is it subject to your Inspection?..... { Mostly from Fylde Water Board, good.  
Yes.

Is Scavenging carried out satisfactorily? ..... Yes, where adopted.

How performed:—By Sanitary Authority or Contract, or Occupiers of Houses? ..... } By Contract and by Council.

How is the Refuse disposed of?.. Carted away on to the land.

Has a Destructor been provided? No.

Sewage Disposal Works. Method of treatment?.....Septic tanks and bacteria beds.

What is the character of the Drainage System .....Variable.

Drain Testing, Flushing, &c.? { Smoke test. Flushing from Fylde Water  
Canal Boats (Number Inspected, &c.) ..... 44. { Boards mains, and from streams and mill race.

Number of infringements of Acts? 4.

What is the condition of the Bake-houses? ..... } Good

Slaughter Houses? ..... } Good

Has a Public Abattoir been provided? ..... } No.

Lodging Houses? ..... Two. Are they registered? Yes.

What is the sanitary condition of the Schools? ..... With three exceptions good.

Dairies, Cowsheds & Milkshops—Are they periodically inspected? Yes.

What is their condition?..... Very variable.

Have Regulations been made under the Order of the Local Government Board? ..... Yes.

What is their condition? Very variable. Are they enforced? Yes, modified.

What amount of air space in cubic feet is required for each cow? .....

No fixed limit. Committee inspect and decide

No. of Cowkeepers? No on Register? } 33

No. of Dairymen or Purveyors of Milk (other than Cowkeepers) No on Register? } 1

Food unfit for Human Consumption. Amount seized?..... { Two boxes of fish  
1 box of shell fish

Department of Inspector of Nuisances { No. of Notices served..91  
Nuisances remedied..191

Closet Accommodation of the the District..... { No. of Privy Middens? No record.  
Pail Closets? No record.

Fresh Water Closets? No record. Waste Water Closets? No record.

No. of Privy Middens converted during 1910..... { To W.C.'s } A considerable number.  
To Pails }

Smoke .....No of Observations....Nil

Has the Authority adopted—

(a) "The Infectious Disease (Prevention) Act, 1890"?.... Yes.

(b) "The Public Health Acts Amendment Act, 1890"?.... Yes.

(c) "The Public Healths Acts Amended Act, 1907"? .... No.

(d) "The Notification of Births Act, 1907"? ..... No.

Has a Health Visitor been appointed? No

Notable Sanitary Improvements during 1910 ..... { Great Ecclestone extension sewer  
Forton Hollins Lane sewer

Chief Sanitary requirements of District .....

Increased cottage accommodation. Pilling drainage and water supply. Infectious Hospital accommodation. The continued spreading of the Fylde Water Board's water supply. The abolition of risky wells where such is possible. Calder Vale water supply.



